

MEDI-CAL PROVIDER DATA FORM

1. a. Legal name—as reported to IRS or Social Security Administration **202**
- b. Business name **202**
- c. Corporate name **202**
- d. Other, please explain **202**

2. Business Address (number and street)	Telephone number 246	4. Federal employer's tax ID number (FEIN) 212 or Social Security number issued to name in Item 1.a.	5. Fiscal year 216 end month
City	County	State	ZIP code (nine digit) 203
3. Pay to address (if different—number and street)	Telephone number 246	6.a. Type of organization (check one) 210	
City	County	State	ZIP code (nine digit) 204
		<input type="checkbox"/> State government <input type="checkbox"/> Nongovernmental nonprofit <input type="checkbox"/> County government <input type="checkbox"/> Nongovernmental for profit <input type="checkbox"/> City government <input type="checkbox"/> Other (specify) _____	
		6.b. Type of ownership (check one) 210	
		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____	

7. List facility owner(s). List owner(s) professional license numbers, if applicable. (For corporations, list corporate name only.) (Attach a separate sheet of paper if more space is needed.) **266/250**

NAME	PROFESSIONAL STATE LICENSE NUMBER	NAME	PROFESSIONAL STATE LICENSE NUMBER

8. In addition to this facility, please indicate other facilities or practices that the owner(s) may have. (Attach a separate sheet of paper if more space is needed.) **270**

ADDRESS (actual facility or practice location)	NAME USED FOR BILLING FROM THIS LOCATION	PROVIDER NUMBER ASSIGNED TO THIS LOCATION

9. List previous Medi-Cal provider numbers that the owner(s) have been issued. **271**

10. Is this a teaching facility for residents and/or interns who are salaried by a hospital? ☐ Yes ☐ No **247**

I certify that the above information is true, accurate, and complete to the best of my knowledge.

11. Applicant's typed or printed name	12. Applicant's typed or printed title	
13. Applicant's signature		14. Date

MEDI-CAL PROVIDER DISCLOSURE STATEMENT OF SIGNIFICANT BENEFICIAL INTERESTS

Legal Name	Type of provider
Business Address	National Provider Identifier (NPI):

This item requires the listing of interests held by you or your relatives in any health care business. This applies to both you and the company/corporation for which you are making this application (see instructions for details).

If there are no interests, check the box and **SIGN YOUR NAME**.

☐ **NO INTERESTS** (sign here): _____

NAME OF PROVIDER IN WHICH INTEREST IS HELD	TYPE OF PROVIDER	ADDRESS	NAME OF RELATIVE(S) WHO HOLDS THE INTEREST	RELATION	TYPE OF INTEREST	PERCENTAGE AND/OR DOLLAR AMOUNT OF THE INTEREST

I hereby certify under penalty of perjury that all the above statements are true and correct to the best of my knowledge.

Signature _____ Date _____

INSTRUCTIONS

Section 14022 of the Welfare and Institutions Code provides that no payment shall be made to a Medi-Cal provider or to any facility or organization in which he or his immediate family has a "significant beneficial interest" unless the provider has a statement on file disclosing his or the interest his immediate family has in other Medi-Cal providers to which they refer beneficiaries. The applicable section under Medi-Cal program regulations is Section 51466, Article 6, Chapter 3, Subdivision 1 of Division 3 of Title 22 of the California Code of Regulations. This regulation is shown below.

- Every provider must complete this form.
- Disclosure must be made for each member of the provider's immediate family—spouse, parents, spouse's parents, children, and spouses of children.
- "Significant beneficial interest" means any financial interest that represents either five percent of the total interest or a value of \$25,000 irrespective of the percentage ownership. How different types of interests are to be valued can be determined by referring to Section 51466.
- If a provider has no "significant beneficial interest" in other providers to which Medi-Cal recipients are referred, check the "no interests" box and sign your name on the adjacent line.

51466. Disclosure of Significant Beneficial Interest.

(a) A provider shall not bill or submit a claim for service involving the referral of a beneficiary to or from another provider unless each provider has disclosed any significant beneficial interest existing between the providers. Disclosure shall be accomplished by completing and submitting a Medi-Cal Personal Disclosure Statement of Significant Beneficial Interest form as provided by the Department.

(b) A provider that fails to comply with (a) or that submits a false or incorrect disclosure shall be subject to a suspension from participation or payment under the Medi-Cal program.

(c) For the purpose of this section:

(1) "Significant beneficial interest" means any financial interest held by a provider, or a member of the provider's immediate family, in another provider that is equal to or greater than the lesser of the following:

(A) Five percent of the whole.

(B) \$25,000.00.

(2) "Immediate family" means spouse, son, daughter, father, mother, father-in-law, mother-in-law, son-in-law, or daughter-in-law.

(d) Interests held by a provider and members of that provider's immediate family shall be combined and valued as a single interest.

(1) The extent of financial interest shall be determined as follows:

(A) Full ownership shall be considered as 100 percent financial interest and control regardless of mortgages or other encumbrances.

(B) Interest in a partnership shall be determined on the basis of the percentage of ownership specified in either a written or verbal partnership agreement.

(C) Interest in a corporation shall be determined by computing the percentage of stock or bonds owned or the total outstanding shares or bonds of the corporation as of the last working day of the month preceding compliance with (a).

(D) All other financial arrangements shall require establishment of a fair and reasonable dollar value for both the interest and the whole. The percentage interest shall be computed as the percentage the dollar value of the interest represents of the whole.

(2) The dollar value of the following types of interests shall be determined as follows:

(A) Bonds, over-the-counter stocks and stocks listed on the major stock exchanges shall be valued at the closing selling price on the last working day of the month preceding compliance with (a).

(B) Stocks in a closely held corporation shall be valued at the original purchase price, par value, or current market value, whichever is greater.

(C) Partnership interests shall be valued at the total dollar amount invested in organizing the partnership. A fair and reasonable dollar equivalent shall be determined if investment is not in form of monies.

(D) All other financial arrangements shall be valued at the actual dollar investment or a fair and reasonable dollar equivalent for investments not in the form of monies.